The One Minute Preceptor Model

How to teach effectively when you don't have much time

(adapted from: Dr. Ramesh Mehay, Programme Director [Bradford], 2010)

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We talk about

- **The model purpose**
- **The model out come**
- **How do you do it?**

The **"One Minute Preceptor"** teaching model was developed at the Department of Family Medicine at the University of Washington, Seattle.

See:
Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "microskills" model of clinical teaching. Journal of the American Board of Family Practice, 5, 419-424.

What is a preceptor?

- A preceptor was historically in charge of a preceptory,
  - the headquarters of certain orders of monastic Knights, such as the Knights Hospitaller and Knights Templar,
  - within a given geographical area.
- The preceptor had supreme control of his members and was only answerable to the Grand Master of his particular order.

Wikipedia

- However, for the purposes of this document, a preceptor is a fancy name for teacher
- Why they couldn't use the word 'teacher' or 'facilitator' – no idea!

Purpose of the model

- The one minute preceptor model is a 5 step model
- Helps you make the most of your time when it is severely limited.
  - For example – in the emergency room or when a learner presents a case to you but you've got to rush off and do something else in 15 minutes. Can be used by hospital or general practice based teachers

Outcomes of the model

- It results in learners thinking critically about the way they do things – reflect on their clinical reasoning.
- It reminds preceptors give feedback on performance.

One Minute Preceptor

1. Get a **commitment** (diagnosis or treatment plan)
2. Probe for supporting **evidence**
3. Teach **general rules**
4. Reinforce what was **done right**
5. Correct **mistakes**

How do you do it?

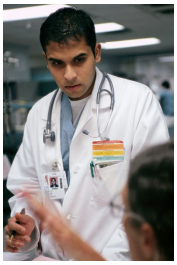
Commitment

- Why?
  - Learner becomes more active in teaching encounter
  - Allows you to assess how learner has processed information presented
  - Even if answer is incorrect, learning has occurred
- Example
  - What do you think is going on here?
  - What would you like to do next?

Get a commitment (diagnosis or treatment plan)

- *'What do you think is happening here?'* (Diagnosis)
- *'What would be your treatment plan?'* (Treatment Plan)
  - Tips: Avoid giving clues at this moment.

Probe for Evidence



- Why?
  - Uncovers learners reasoning process for arriving at the conclusion (Not a lucky guess)
- Example

  "What factors support your diagnosis?"

  "Why did you choose that treatment?"

Probe for supporting evidence

- 'What made you come to that diagnosis/treatment plan?'
- 'Was it a lucky guess or did something help you?'
- 'Did you consider any alternative diagnoses/treatment options?'
- 'What made you go for this one rather than that one?'
  - Tips: Questions that rely on routine memory, such as 'What is the differential diagnosis for lower RIF "abdo" pain?' don't aid clinical reasoning.

Teach General Rules

- Why?
  - Helps learner effectively generalize knowledge gained from this specific case to other clinical situations
- Example

  "Remember 10-15% people are carriers of strep, which can lead to false positive strep tests."

Teach general rules

- Generalise away – by which we mean try and find a teaching point from this particular case that can be applied to other cases.
- In other words, moving away from the specific to the general.
  - *'So, in this case, the lady we admitted the lady with biliary colic because she had a temperature. Although not all biliary colics need admitting, those with a temperature do – in case it's a case of ascending cholangitis.'*

Reinforce What Was Right

- Why?
  - Behavior specific feedback will promote and encourage desirable clinical behaviors.
- Example
  "I liked that your differential took into account the patient's age, recent exposures, & symptoms."

Reinforce what was done right

- Because it encourages desired behaviour.
  - *'I'm impressed that you sought the wife's perspective on her husband's illness'.*

Give Guidance About Errors or Omissions

- Why?
  - Behavior specific constructive feedback discourages incorrect behaviors and corrects misconceptions.
- Example
  "During the ear exam the patient seemed uncomfortable. Let's go over holding the otoscope."

Correct mistakes

- Point out any errors
  - *'So in this case, you forgot to ask about her LMP. It's important to ask about LMP in all ladies of fertile age who present with abdominal pain.' OR*
  - *'I'm not convinced those lung sounds indicate an infection. They're fine basal crackles which would indicate heart failure. Have another listen…'*

Conclusion

- Why?
  - Helps control time and sets clear agenda and roles for remainder of encounter
- Example
  …"Let's go back in the room and I'll show you how to get a good throat swab. Tell me when we have the results, and I'll watch you go over the treatment plan."

The One-Minute Observation

- Explain the purpose of the observation
- Explain how the observation will occur
- Inform patient of what will take place
- Observe without interrupting
- Leave room without disrupting the student or patient
- Provide feedback
- Agenda for future learning

- **"Trainees do not perform required skills incorrectly on purpose…**
- **Errors in performance are typically the result of insufficient feedback.**
- **They are seldom the result of insufficient interest or caring."**

–Westberg and Jason, 1991

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Feedback is:

- **Information you provide to learners about their clinical performance that is intended to guide their future clinical performance**

-Adapted from K. Skeff

4-5

Reference

- Neher JO, Gordon KC, Meyer B, Stevens N. A five-step microskills model of clinical teaching. J Am Board Fam Prac. 1992;5:419-24